

Abstract 550

TITLE: Differential Decline in AIDS Mortality by Gender and Race/Ethnicity in New York City

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BACKGROUND: AIDS deaths in New York City (NYC) have declined from ~7,000 in 1995 to ~2,000 in 1998. The magnitude of this decrease has varied by gender and race/ethnicity although the declines began simultaneously in all demographic groups.

OBJECTIVE: To use AIDS case mortality data by transmission category and demographic variables to further describe differential declines between 1995 and 1998.

METHODS: Descriptive analysis of AIDS mortality from the HIV/AIDS Reporting System (HARS).

RESULTS: While HARS data are limited due to AIDS case reporting lags they have an advantage over vital statistics data because they contain HIV-related risk information. The overall decline in mortality using HARS data from 1995 and 1998 was 76% (78% in men and 70% in women). Black women had the smallest decline (66%) white men the largest (83%). The greatest decline (84%) was seen in men who have sex with men, though this varied by race (85% in whites, 80% in blacks, and 87% in Hispanics). The drop in deaths by route of transmission also differed by gender for injecting drug users (IDU); it was 79% in men and 73% in women, and for heterosexually acquired cases the drop was 69% in men and 73% in women. The AIDS mortality decreases in men did not differ by race among IDUs or heterosexuals. In contrast, black women showed significantly smaller declines in AIDS mortality than white or Hispanic women. Among IDUs, mortality in black women declined 68% versus 78% for whites and Hispanics. Among heterosexuals, mortality in black women declined 69% in black women compared to 88% in whites and 74% in Hispanics. Black women also had the smallest decline in mortality in each of the five NYC boroughs.

CONCLUSIONS: The larger proportion of AIDS deaths consistently seen in black women is not explained by differential distribution of risk behavior among female AIDS cases in NYC since the mortality declines among black female IDUs and heterosexuals were similar. Because black women comprise 53% of female AIDS cases in NYC, their higher mortality rates contribute to the difference in mortality declines between men and women. Additional research is urgently needed to identify the factors associated with these differential declines.

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